PTO/SB/05 (08-03)

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UTILITY PATENT APPLICATION **TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

spond to a collection of informa	adon diliess it displays a valid OMB control number.
Attorney Docket No.	1/1556
First Inventor	ESPERESTER, A. et al
Title	Ambroxol for the treatment of inflammation
Express Mail Label No.	EV 315124194 US

		Mail Stop Patent Application				
APPLICATION ELEMENTS		ADDRESS TO. Commissioner for Patents				
See MPEP chapt	ter 600 concerning utility patent application contents.	Alexandria VA 22313-1450				
P.O. Box 1450						
		17. U Other:				
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the						
specification followi	ing the title, or in an Application Data Sheet under	r 37 CFR 1.76:				
Continuation	on Divisional · Contin	nuation-in-part (CIP) of prior application No.:				
Prior application inform	mation: Examiner	Art Unit:				
5b, is considered a p	part of the disclosure of the accompanying continuat	the prior application, from which an oath or declaration is supplied under Box ion or divisional application and is hereby incorporated by reference.				
The incorporation ca		vertently omitted from the submitted application parts.				
	19. CORRESPO	NDENCE ADDRESS				
Customer Number: 28501 OR Correspondence address below						
Name						
Address	Address					
City	State Zip Code					
Country		Telephone Fax				
Name (Print/Type)	Susan K. Pocchiari	Registration No. (Attorney/Agent) 45,016				
Signature	Susan K. Foccinan	Date 10/02/2003				

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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FEE TRANSMITTAL for FY 2004		Complete if Known		
		Application Number	To be assigned	
		Filing Date	October 2, 2003	
		First Named Inventor	ESPERESTER, A. et al	
	Effective 10/01/2003. Patent fees are subject to annual revision.		To be assigned	
Applicant claims small entity status. S	See 37 CFR 1.27	Art Unit	To be assigned	
TOTAL AMOUNT OF PAYMENT	(\$) 942.00		1/1556	

METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)				
Check Credit card Money Other None	3. ADDITIONAL FEES				
Order U	Large Entity , Small Entity				
Deposit Account:	Fee Fee Fee Fee Description				
Deposit Account 02-2955	Code (\$) Code (\$) 1051 130 2051 65 Surcharge - late filing fee or oath				
Number Deposit					
Account 02-2955	1052 50 2052 25 Surcharge - late provisional filing fee or cover sheet				
Name The Director Is authorized to: (check all that apply)	1053 130 1053 130 Non-English specification				
Charge fee(s) indicated below Credit any overpayments	1812 2,520 1812 2,520 For filing a request for ex parte reexamination				
Charge any additional fee(s) or any underpayment of fee(s)	1804 920* 1804 920* Requesting publication of SIR prior to Examiner action				
Charge fee(s) indicated below, except for the filing fee	1805 1,840* 1805 1,840* Requesting publication of SIR after				
to the above-identified deposit account.	Examiner action				
FEE CALCULATION	1251 110 2251 55 Extension for reply within first month				
1. BASIC FILING FEE	1252 420 2252 210 Extension for reply within second month				
Large Entity Small Entity	1253 950 2253 475 Extension for reply within third month				
Fee Fee Fee Fee Paid Code (\$) Code (\$)	1254 1,480 2254 740 Extension for reply within fourth month				
4004 770 2004 205 Hellieu Sling foo	1255 2,010 2255 1,005 Extension for reply within fifth month				
1002 340 2002 170 Design filing fee 770.00	1401 330 2401 165 Notice of Appeal				
1003 530 2003 265 Plant filing fee	1402 330 2402 165 Filing a brief in support of an appeal				
1004 770 2004 385 Reissue filing fee	1403 290 2403 145 Request for oral hearing				
1005 160 2005 80 Provisional filing fee	1451 1,510 1451 1,510 Petition to institute a public use proceeding				
SUBTOTAL (1) (\$) 770.00	1452 110 2452 55 Petition to revive - unavoidable				
'' -	1453 1,330 2453 665 Petition to revive - unintentional				
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1501 1,330 2501 665 Utility issue fee (or reissue)				
Extra Claims below Fee Paid	1502 480 2502 240 Design issue fee				
Total Claims 11 -20** = 0 X 18.00 = 0.00	1503 640 2503 320 Plant issue fee				
Claims 3 - 3" = 2 x 00.00 = 172.00	1460 130 1460 130 Petitions to the Commissioner				
Multiple Dependent 290.00 = 0.00	1807 50 1807 50 Processing fee under 37 CFR 1.17(q)				
Large Entity Small Entity Fee Fee Fee Fee Fee Description	1806 180 1806 180 Submission of Information Disclosure Stmt				
Code (\$)	8021 40 8021 40 Recording each patent assignment per property (times number of properties)				
1202 18 2202 9 Claims in excess of 20	1809 770 2809 385 Filing a submission after final rejection				
1201 86 2201 43 Independent claims in excess of 3 1203 290 2203 145 Multiple dependent claim, if not paid	(37 CFR 1.129(a)) 1810 770 2810 385 For each additional invention to be				
1204 86 2204 43 ** Reissue independent claims	examined (37 CFR 1.129(b))				
over original patent	1801 770 2801 385 Request for Continued Examination (RCE)				
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent	1802 900 1802 900 Request for expedited examination of a design application				
SUBTOTAL (2) (\$) 172.00	Other fee (specify)				
**or number previously paid, if greater: For Reissues, see above	*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)				

SUBMITTED BY			(Complete (if applicable))		
Name (Print/Type)	Susan K. Pocchiari	Registration No. (Attorney/Agent)	45,016	Telephon	e 203-798-5648
Signature	Sun +5. Pochian			Date	October 2, 2003

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